

CLAIMS ONLY						Application Number 10695249	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11			1				
12				1			
13					1		
14						1	
15							1
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27			1				
28				1			
29					1		
30						1	
31							1
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
Total Indep			3				
Total Depend			12				
Total Claims			20				